

Incident Debriefing

Introduction

Nurses, midwives and health care workers are often required to deliver care in challenging situations. All nurses, midwives and health care workers, irrespective of their work area, are likely to be susceptible to unpredictable reactions following an unanticipated incident (Maloney, 2012). Incident debriefing is one process that may support nurses, midwives and health-care workers to cope following an incident.

Purpose

NZNO believes debriefing processes should be available for all nurses, midwives and health-care workers as a means of preventing or minimising stress following an incident. This guideline describes a number of useful terms associated with incident debriefing and provides a number of recommendations for implementation.

Definitions

Debriefing

Debriefing is a process where support is given to groups or individuals who have experienced some type of incident. The incident may have affected the individual or group who need to express their view of the incident in a formal or informal way. The main focus of debriefing is to relieve stress at an early stage (Donovan, Doody & Lyons, 2013; Mitchell, Sakraida, & Kameg, 2003).

Formal debriefing

Formal debriefing is a process facilitated by trained people. It has a number of stages and is conducted within an organised framework. Formal debriefing involves using recognised processes within organisations.

Mid-range debriefing

Mid-range debriefing is a one-on-one discussion that may occur as part of a consultation process (eg. where a nurse is required to discuss a disclosure of family violence with a senior nurse) or a clinical supervision process. Clinical supervision is a practice-focused professional relationship that enables reflection on practice with the support of a skilled and qualified supervisor (NZNO, 2005). The impact of an incident on a nurse may be discussed within this context. NZNO believes all nurses should have access to clinical supervision.

Informal debriefing

Informal debriefing often occurs in the healthcare environment following an unexpected or crisis event. Informal debriefing is often unplanned, unstructured and may or may not meet the needs of the nurse, midwife or health-care worker. In some cases, additional formal debriefing may still be helpful.

Unpredictable reactions

People's responses to incidents vary. Some may cope remarkably well, others may need support to cope with their reaction. Some type of reaction is quite natural and this may be delayed, variable and unpredictable. This is different to chronic stress that occurs as a result of long-term workplace challenges. Chronic stress is recognised as a hazard in the workplace and may have significant consequences for the workplace if not managed appropriately. The NZNO (2014) employment fact sheet *Stress and the workplace* has further information on this topic.

Critical incidents

A critical incident is defined as an extraordinary clinical event that has the potential to cause unusually strong emotional reactions (Mitchell & Everly, 1995). Major events, including workplace violence or a multiple casualty incident, may fit this category, however, daily incidents faced by nurses such as an adverse drug reaction or unexpected death may also be considered critical incidents.

Critical incident stress debriefing

Critical incident stress debriefing is a specific technique designed to assist those who have been exposed to some type of trauma cope with associated physical or psychological symptoms (Maloney, 2012). Ideally, this type of debriefing will occur on or near the site of the event and preferably within 24 to 72 hours after the event (Maloney, 2012).

Incidents involving consumers

The Health Quality and Safety Commission define an incident as '...any event that could have or did cause harm to a consumer' (Health Quality and Safety Commission, 2012, p.5). Where an incident does cause harm, it is known as an adverse event. All incidents and adverse events must be reported. For further information on reporting incidents, see the NZNO guideline on incident reporting (Weston, 2010). The NZNO fact sheet on serious and sentinel events may also be useful (Clendon & Weston, 2011). Incidents are also likely to affect the staff members involved and it is important this is recognised and addressed. Incident debriefing may be helpful in these cases.

Employee assistance programmes

An employee assistance programme (EAP) is a service funded by the employer to support staff who have identified the need to seek debriefing over a work or a personal issue. To find out if your workplace provides EAP, contact your delegate or health and safety representative.

Discussion

While there are clear processes in place for managing reportable incidents (Health Quality and Safety Commission, 2012), there are no clearly defined processes for events that are not reportable but are critical to the nurse, midwife or other staff. Incident debriefing, EAP or clinical supervision for nurses, midwives and health-care workers should be entirely separate from organisational incident reviews or investigations.

It is essential nurses, midwives and health-care workers are able to access clearly defined debriefing processes for incidents that have affected them, if they choose. This

must be accessible within an appropriate timeframe. The following eight-step process may be useful to follow in a group debriefing process (Hanna & Romana, 2007):

- > introduction (group goals are established, rules are outlined and confidentiality reinforced);
- > fact gathering (each person involved describes what happened from their perspective);
- > reaction phase (led by a group facilitator [someone not directly involved in the incident and who has had training in debriefing], the group members explore their feelings, thoughts and responses to the event);
- > symptom phase (debriefing occurring quickly following an event may find there are few symptoms but debriefing occurring some time later may find group members experiencing symptoms of stress. The facilitator assists group members to explore how a stress response may have affected their personal and work lives);
- > stress response (the facilitator teaches group members about their stress response);
- > suggestions (the facilitator offers guidance on how to cope with stress associated with the incident);
- > incident phase (group members identify positive aspects of the event);
- > referral phase (conclusion and referral of any group members who require further support or individual follow-up – an employee assistance programme may be helpful for those needing referral).

Recommendations

NZNO believes debriefing may be helpful for nurses, midwives and health care workers and makes the following recommendations:

- > Debriefing processes should be research based.
- > Debriefing should not be seen as a stand alone intervention. It must be part of a broader approach to prepare and assist nurses, midwives and health care workers to cope effectively with the complexities of their working environment.
- > Employers should have in place clear policies on incident debriefing and how staff can access this process if required.
- > Availability and awareness of the incident debriefing policy and process should be known to all staff and included in staff orientation.
- > Organisations must have an identified person or agency who has received the necessary training to provide debriefing.
- > All staff directly involved in an incident should be encouraged and supported to initiate and attend any debriefing that is organised – this may include paid release time.
- > It is important to recognise that debriefing may not be helpful for all people and attendance should never be mandatory.
- > Debriefing must be culturally appropriate for all staff.
- > Confidentiality must be assured in all debriefing processes – any legal or investigative process must be conducted separately from any debriefing process.
- > Both informal and formal debriefing should be documented (date, time, incident discussed and who was present) and all staff involved should be given a copy of the documentation.

- > Detailed feedback and follow-up of outcomes from a debriefing process should be communicated to all staff involved in the debrief in a timely manner.

Conclusion

NZNO believes incident debriefing may have a number of benefits for individual nurses, midwives and health care workers, and for organisations. Informal debriefing provides an immediate opportunity to discuss the event with colleagues, which may lead to resolution. Formal debriefing provides nurses, midwives and health-care workers with a process to address issues and reduces the risk of escalation of the seriousness of events for those involved. Debriefing opportunities may also empower staff to create positive change within organisations.

Incident debriefing may help facilitate a safe health-care environment.

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Available:
<http://www.nzno.org.nz/Portals/0/publications/Incident%20Reporting4.pdf>

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Correspondence to: nurses@nzno.org.nz

Principal author: Jill Clendon, Janeen Holmes

Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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